

RYANAIR INITIAL TRAINING 5 – FIRST AID AND INFLIGHT MEDICAL EMERGENCIES PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What medication is used for a passenger with an allergic reaction?**
 - A. Antihistamine tablet
 - B. EpiPen
 - C. Inhaler
 - D. Aspirin

- 2. Which description matches an open fracture?**
 - A. A Fracture Where The Bone Protrudes Through The Skin
 - B. A Fracture With Skin Intact But Bone Broken
 - C. A Compression Fracture Of The Spine
 - D. A Hairline Fracture With No Apparent Displacement

- 3. For partial or full thickness burns, which statement is correct?**
 - A. COOLING GEL SHOULD BE USED
 - B. Begin cooling with cold water for 20 minutes
 - C. Apply immediate antibiotic ointment
 - D. NO COOLING GEL OR BURNS DRESSING

- 4. Which action is part of air sickness management during a flight?**
 - A. Ensure sick bags are available and vomitus removed promptly
 - B. Force the passenger to drink water quickly
 - C. Administer anti-nausea medication without consent
 - D. Move the passenger to a different seat

- 5. How do you distinguish between an Emergency Medical Kit (EMK) and a standard cabin medical kit?**
 - A. EMK is a designated, more comprehensive kit with prescription meds/advanced equipment; standard kit is basic first aid supplies; access controlled
 - B. They are the same
 - C. EMK has fewer items
 - D. The EMK is stored in the cockpit

- 6. How can a major epileptic seizure present itself?**
- A. Brief absence with staring
 - B. A full body convulsion with aura
 - C. Drowsiness
 - D. Only fainting
- 7. In an adult choking with a complete airway obstruction, what is the correct initial treatment sequence?**
- A. 5 back slaps between shoulder blades, followed by 5 abdominal thrusts
 - B. Begin chest compressions immediately
 - C. Perform a finger sweep to remove obstruction
 - D. Call for help and wait
- 8. Indirect pressure around a fractured bone is applied in which scenario?**
- A. When There Is An Open Fracture
 - B. When There Is A Closed Fracture
 - C. Only After Splinting
 - D. Never
- 9. Which symptom could indicate a stroke and warrants urgent assessment?**
- A. A Sudden Severe Headache
 - B. Flushed Skin
 - C. Sweating
 - D. May Be A Rash
- 10. If a choking casualty becomes unconscious, what should you do?**
- A. Begin CPR
 - B. Call for help and wait
 - C. Perform rescue breaths only
 - D. Check airway

Answers

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1. B
2. A
3. D
4. A
5. A
6. B
7. A
8. A
9. A
10. A

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Explanations

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1. What medication is used for a passenger with an allergic reaction?

- A. Antihistamine tablet
- B. EpiPen**
- C. Inhaler
- D. Aspirin

Anaphylaxis requires rapid treatment with adrenaline because it can quickly compromise breathing and blood flow. An adrenaline auto-injector (EpiPen) delivers a fast intramuscular dose that counteracts airway swelling, opens the airways, and raises blood pressure by constricting blood vessels. This makes it the best choice for a passenger with a suspected severe allergic reaction, especially on a flight where prompt access to full medical care isn't immediate. Antihistamine tablets can help with mild symptoms like itching or hives, but they don't reverse airway obstruction or shock and act too slowly in a rapidly progressing reaction. An inhaler can relieve bronchospasm in asthma, but it does not treat the systemic effects of anaphylaxis. Aspirin has no use in allergic reactions and can worsen some symptoms. After giving adrenaline, seek urgent medical help, monitor the passenger, and be prepared to assist with a second dose if symptoms recur or don't improve.

2. Which description matches an open fracture?

- A. A Fracture Where The Bone Protrudes Through The Skin**
- B. A Fracture With Skin Intact But Bone Broken
- C. A Compression Fracture Of The Spine
- D. A Hairline Fracture With No Apparent Displacement

Open fractures are defined by a break in the bone that communicates with the outside world through a wound in the skin, often with the bone protruding. That skin breach creates a high risk of infection and contamination, making this description the distinguishing feature from other fractures where the skin remains intact. In contrast, a fracture with intact skin is closed, a spine fracture described as a compression fracture is a specific vertebral injury without an open wound, and a hairline fracture is a tiny crack with little or no displacement and is usually closed. In practice, open fractures require careful sterile dressing over the wound, immobilization of the limb, avoiding pushing the bone back, and rapid medical transport to manage infection risk and systemic complications.

3. For partial or full thickness burns, which statement is correct?

- A. COOLING GEL SHOULD BE USED
- B. Begin cooling with cold water for 20 minutes
- C. Apply immediate antibiotic ointment
- D. NO COOLING GEL OR BURNS DRESSING**

The main idea is to avoid introducing substances to a burn that can interfere with assessment and wound healing. For partial or full thickness burns, the safest first-aid step is to cool the burn with clean running water and protect it from contamination, without applying cooling gels or dressing materials that could trap heat, cause contamination, or conceal the extent of the injury. Saying no cooling gel or burns dressing aligns with that approach, keeping the burn free from ointments or adhesive coverings until proper medical care can be provided. The other options introduce practices that aren't recommended in this initial management: cooling gels can complicate assessment and may contain ingredients that irritate the wound; applying immediate antibiotic ointment isn't advised without medical direction and can delay appropriate care; starting with a specific duration of cold-water cooling, especially with very cold water, isn't a universally endorsed instruction and can carry risks in an aircraft environment.

4. Which action is part of air sickness management during a flight?

- A. Ensure sick bags are available and vomitus removed promptly
- B. Force the passenger to drink water quickly
- C. Administer anti-nausea medication without consent
- D. Move the passenger to a different seat

Air sickness management centers on reducing distress, containing vomitus, and keeping the cabin clean and safe. The best action is to have sick bags readily available and to remove vomitus promptly. Providing a proper bag gives the passenger a discreet, effective way to contain contents, while quick cleanup prevents soiling of seats and surfaces, helps control odor, and reduces exposure risks for others. It also conveys that you're actively managing the situation, which can be reassuring. Supportive steps that help without making things worse include keeping the passenger seated upright, ensuring good ventilation, and offering small sips of water if tolerated. Forcing fluids can provoke more vomiting or choking. Medications for nausea should only be given with the passenger's consent or under appropriate medical guidance on board. Moving the passenger to a different seat isn't a direct treatment for air sickness and doesn't address the immediate need to contain vomitus and maintain cleanliness.

5. How do you distinguish between an Emergency Medical Kit (EMK) and a standard cabin medical kit?

- A. EMK is a designated, more comprehensive kit with prescription meds/advanced equipment; standard kit is basic first aid supplies; access controlled
- B. They are the same
- C. EMK has fewer items
- D. The EMK is stored in the cockpit

The main idea is the difference in scope and control between the two kits. An Emergency Medical Kit is designated and much more comprehensive, including prescription medications and advanced equipment for use in serious medical situations; its access is tightly controlled because of the sensitive contents and the need for appropriate medical direction or trained personnel. A standard cabin medical kit, by contrast, provides basic first aid supplies for routine minor incidents and does not include the expanded, prescription-based items or advanced devices. That's why the described difference—designated and more comprehensive with prescription meds and advanced equipment, with access controlled—best captures how these two kits differ. The other ideas imply they're the same, that the EMK has fewer items, or that it's stored in the cockpit, none of which align with how these kits are typically organized and accessed.

6. How can a major epileptic seizure present itself?

- A. Brief absence with staring
- B. A full body convulsion with aura**
- C. Drowsiness
- D. Only fainting

A major epileptic seizure is typically a generalized convulsive event that involves the whole body, often starting with an aura—a preceding strange sensation or warning sign that some people feel before consciousness is lost. The seizure then progresses to a full-body tonic-clonic activity, followed by a postictal period of confusion or drowsiness as the person recovers. This description fits best because it captures both the widespread motor involvement of a major seizure and the possible early warning aura, plus the common post-seizure state. Brief absence with staring describes a different, non-convulsive seizure type and isn't a major convulsive event. Drowsiness can occur after a seizure (postictal state) but doesn't define the presentation of the seizure itself. Fainting looks and feels different from a seizure and typically isn't caused by abnormal brain electrical activity in the same way.

7. In an adult choking with a complete airway obstruction, what is the correct initial treatment sequence?

- A. 5 back slaps between shoulder blades, followed by 5 abdominal thrusts**
- B. Begin chest compressions immediately
- C. Perform a finger sweep to remove obstruction
- D. Call for help and wait

When an adult has a complete airway obstruction and is still able to cooperate and cough, the first priority is to dislodge the object with airway-clearance maneuvers. The most effective initial sequence is five back blows delivered firmly between the shoulder blades to create an impulse from above, followed immediately by five abdominal thrusts to raise the pressure inside the chest and help eject the object. Repeat this back-and-forth cycle until the obstruction is cleared or the person becomes unable to breathe or speak, at which point you switch to different actions if needed. Chest compressions are not the first move for a conscious choking victim; they're reserved for an unresponsive person or when ventilation is not possible. A finger sweep should only be used if you can clearly see and safely remove the object—do not probe the airway otherwise, as this can push the object deeper or cause harm. Don't delay to call for help; alert others and activate emergency services while you begin the maneuvers, especially if you're alone. This sequence directly targets the obstruction and has the highest chance of rapid relief in an adult.

8. Indirect pressure around a fractured bone is applied in which scenario?

- A. When There Is An Open Fracture**
- B. When There Is A Closed Fracture
- C. Only After Splinting
- D. Never

Indirect pressure around a fractured bone is a technique used to control significant bleeding from a limb when there is an open wound communicating with the fracture. By applying a padded dressing and wrapping the limb around the fracture, you press the surrounding soft tissues and vessels without pressing directly on the exposed bone or wound, which helps tamponade bleeding and reduces blood loss while you stabilize and treat the injury. In an open fracture, there is both a fracture and a wound, so this approach is particularly relevant. In a closed fracture there isn't an open wound to manage in this way, and waiting to apply pressure only after splinting would delay crucial bleeding control. Never is incorrect because bleeding control is essential.

9. Which symptom could indicate a stroke and warrants urgent assessment?

A. A Sudden Severe Headache

B. Flushed Skin

C. Sweating

D. May Be A Rash

A sudden severe headache can signal a stroke, especially a hemorrhagic stroke or aneurysm rupture. Such a thunderclap headache appears abruptly and represents bleeding or a critical disruption in brain function, which is why it immediately warrants urgent assessment. The other signs listed—flushed skin, sweating, or a rash—are non-specific and more often relate to heat, anxiety, allergic reactions, or other non-neurological issues, not a stroke. In suspected stroke, time is crucial: seek emergency help right away and perform a quick neurological check (noticeable changes in speech, facial movement, or arm strength) while getting the patient to definitive care.

10. If a choking casualty becomes unconscious, what should you do?

A. Begin CPR

B. Call for help and wait

C. Perform rescue breaths only

D. Check airway

When someone choking becomes unconscious, the top priority is to start CPR immediately. The person is not effectively breathing, so circulation and oxygen delivery must be restored without delay. Beginning CPR provides both chest compressions to circulate blood to the brain and heart and rescue breaths to oxygenate the lungs. The compressions can also help move or dislodge the obstructing object. While you should shout for help and initiate EMS access (and use an AED if available), delaying CPR or focusing only on checking the airway won't restore circulation or ventilation in an unconscious victim. Start CPR right away and continue until help arrives or an AED is ready to be used.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://ryanairinitial5.examzify.com>

We wish you the very best on your exam journey. You've got this!

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